


Memorandum

To: All State Agencies, Boards,
Commissions and Departments

Date: July 17, 2015

From: **State Controller's Office**
Bertha Mejia, Chief 
Bureau of Accounting and Consulting
Division of Accounting and Reporting

BAC #: 15-001

Subject: SUBMITTING TRANSACTION REQUEST FOR NO WARRANT CLAIM SCHEDULES

This memo provides guidance for completing the State Controller's Office (SCO) transaction request (TR) for no warrant (NW) claim schedules.

Effective immediately, the SCO is requiring all agencies to submit a prepared SCO TR (Form CA 504) with NW Claim Schedules.

In accordance with the State Administrative Manual section 8400, "...The SCO will settle "No Warrant" claims by (1) a Controller's Journal Entry reducing the department's advance at the service department or (2) a Controller's Transfer transferring the money if no advance was made at the service department."

The SCO TR must match the NW information on the claim schedule (STD. 218) face sheet example (Exhibit A) and the supporting documents. Secure the signed original SCO TR behind the claim schedule face sheet.

General instructions on how to prepare a SCO TR are located at http://www.sco.ca.gov/Files/ARD/transreq_transreq.pdf. Please refer to the enclosed SCO TR example (Exhibit B).

The SCO TR must include additional information based on Exhibit A as follows:

- Include NW XXXXXX TO ORG XXXX (see description in Exhibit B, box 1)
- Include NW XXXXXX FR ORG XXXX (see description in Exhibit B, box 2)
- Box 3 of Exhibit B should read "No Warrant"
- Box 4 of Exhibit B must include the legal authority and reason for the request.

For questions or assistance on NW transactions, please e-mail or telephone the SCO analyst assigned to your agency.

BM:jw

Enclosure (2)

CLAIM SCHEDULE

STD. 218 (Continuous) (REV. 3-91)

EXHIBIT A

(Do not write in this space)

PAYABLE FROM	FUND	SUB	FUND NAME				
	0001		FUND NAME				
APPROPRI- ATION	AGENCY NO.		AGENCY NAME				
	2000		AGENCY NAME				
YR. OF STAT.	METH	REFERENCE/ITEM	SEQ.	FFY	CHAPTER	STATUTES	
	2015	101			10	15	
PURPOSE							

FED. CATALOG NUMBER	SCO PROJ.	CATEGORY	PGM	ELE.	COMP	TASK	GENERAL LEDGER	RECEIPT OBJECT	F/S	AMOUNT	DESCRIPTION
			10	10						2000.00	

SCHEDULE NUMBER	
123456	
AUDIT CODE	SCO TYPE
To be included in description fields 1 and 2 on the SCO TR.	

LINE NO.	P.O. NO. or "C"	CLAIMANT	AMOUNT
1		Claimant <div>NO WARRANT</div> Reimbursement Information 0001-1976-2015-101-90-F	2000.00

DATE ISSUED (ACTUAL)	
SIGN	CALC.
PURCH.	CONTR.
CORRECTIONS ENTERED	
AUDITED	APPR. PAY.
F/A BAL. OK	WARR. OK
REPORTABLE PAYMENTS PER S.A.M. 8422.190	
NUMBER AMOUNT	
\$	
TOTAL SUBJECT TO USE TAX	
\$	

I hereby certify under penalty of perjury as follows:

TOTAL OF
SCHEDULE

2000.00

"That I am a duly appointed, qualified and acting officer of the herein named state agency, department, board, commission, office, or institution; that the within claim is in all respects true, correct, and in accordance with law; that the services mentioned herein were actually rendered and supplies delivered to the state agency in accordance with the contract and law; that authorizations for purchases have been duly obtained wherever required and that amounts claimed and articles delivered comply therewith; that the amounts of any refunds to claimants indicated herein were received from such claimants by the herein named agency in excess of that legally due it under the law, or are otherwise lawfully due such claimants; that all of the expenditures herein set forth are in accordance with the current budget allotments and provisions as approved by the Budget Division of the State Department of Finance, and that none of the expenditures are in excess thereof; that there has been full compliance with all provisions or restrictions in the budget act or any other appropriation relating to expenditures herein; that the claimants named herein are each entitled to the amount specified opposite their respective names and actually have been paid or will be paid as allowed when warrant is received from the State Controller; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code, in incurring the items of expense mentioned in the attached claim, or in any other way; that any disaster service worker for whom compensation or reimbursement for expenses incurred is claimed herein has, if required by law, taken, subscribed, and filed the oath set forth in Section 3103 of the Government Code."

SIGNED

TITLE

DATE

APPROVED (If required)

CONTACT TELEPHONE (Optional)

TOTAL SUBJECT TO USE TAX

EXHIBIT B

STATE CONTROLLER'S USE ONLY		
DOCUMENT NO.	DATE	MSG Code
JE	CCCCMDD	

STATE OF CALIFORNIA
OFFICE OF THE STATE CONTROLLER
TRANSACTION REQUEST

STATE CONTROLLER'S USE ONLY	
TC Code	VERIFIED BY:
DATE:	

PAGE 1 OF 1

Agency:	Address:	Agency Document Number:
TYPE AGENCY NAME HERE	TYPE ADDRESS HERE	

	FUND	AGY	FY	M	REF / ITEM	FED CAT	P/N	C	CAT	PGM	ELE	COMP	TASK	ACCT	ECO USE	REV / OBJ	AMOUNT	D C A T O B				SOURCE FUND
																		D	C	A	T	
1	0001	2000	2015		101					10	10						2,000.00	D	D			
DESCRIPTION (DNKP) CHAPTER NUMBER/YEAR/ITEM																						
NW 123456 TO ORG 1976																						
	0001	1976	2015		101					90							2,000.00	C	F		0001	
2	DESCRIPTION (DNKP) CHAPTER NUMBER/YEAR/ITEM																					
NW 123456 FR ORG 2000																						
	DESCRIPTION (DNKP) CHAPTER NUMBER/YEAR/ITEM																					
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	DESCRIPTION (DNKP) CHAPTER NUMBER/YEAR/ITEM																					
TYPE OF TRANSACTION: 3 No Warrant																						
LEGAL AUTHORITY AND REASON FOR REQUEST: 4																						
I hereby certify under penalty of perjury that I am the duly appointed, qualified, and acting officer of the herein named State agency, department, board, commission, office or institution; that the within transfer is in all respects true, correct, and in accordance with all applicable provisions or restrictions in the Budget Act, Federal Regulations, or other statute pertaining to the particular appropriation.																						
AUTHORIZED SIGNATURE:																						
CONTACT PERSON:																PHONE FOR CONTACT:						
E-MAIL FOR CONTACT:																DATE:						

NOT TO BE USED AS A CONTROLLER'S REMITTANCE ADVICE

CA 504 PC VERSION (03/2006)